

Sponsor _____
(Last) (First) (M) (Rank)

Date to Leave FLW _____ / _____ / _____
M D YR

Bruce C. Clarke Library Academic Services Registration Form

Branch of service ☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Military Student ☐ Retired ☐ Other _____

USER ID

6-10 capital letters and/or numbers of your choice. Cannot use your name or SSN

Password /PIN

4 Numbers of your choice or random system generated number

AKO/DKO e-mail _____

Course Name and Number (example: Engineer BOLC 0109) or Unit _____

Home Phone _____ Cell Phone _____ Duty / Work Phone _____

Family members

Providing Family members authorizes them to use the library – AUTHORIZED ID CARD HOLDERS ONLY

Name	Relationship	Family Member User Name
1.		
2.		
3.		
4.		
5.		

Patron Responsibility Statement

I hereby agree to comply with all rules and regulations of the library. I will be responsible for replacement of or reimbursement for lost or damaged materials borrowed by myself or by my authorized family members, according to AR 735-17.

Computer Use

I hereby agree to the Bruce C. Clarke Library computer use policy. You may request a copy of the policy from the library staff.

Data Required by the Privacy Act of 1974

Authority: 5 USC 552

Principal Purpose(s): To maintain accountability for library materials by allowing identification of borrowers.

Routine Uses: Preparation of overdue/hold notices and follow-up advising borrowers when specific information or materials requested are available. Record for loaning books, media, DVDs, and for in-library use of televisions, remote controls, DVDs, etc.

Mandatory or Voluntary Disclosure and Effect on Individual not Providing Information: Provision of information is mandatory. Person may read materials within the library but will not be allowed to borrow from the library or use library equipment if he or she does not provide required information.

- With my signature I agree to every policy mentioned above.

Name _____

Signature _____

Date _____